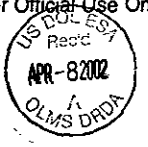
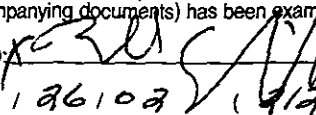
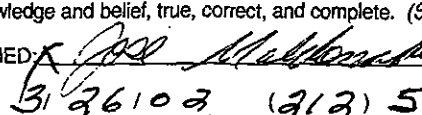


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 515-249	2. PERIOD COVERED MO DAY YEAR From 01012001 Through 12312001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
HENRY TAMARIN (2) 515-249 HOTEL EMPL, RESTAURANT EMPL AFL-CIO 130 LU 100 321 W 44TH STREET NEW YORK, NY 10036 12/2001 XXXXXXXXXXXXXXXXXXXX				8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4	
4. AFFILIATION OR ORGANIZATION NAME Hotel Employees & Restaurant Employees International Union					
5. DESIGNATION (Local, Lodge, etc.) Local		6. DESIGNATION NUMBER 100			
7. UNIT NAME (if any)					
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No					
75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)					
Item Number 10 Beneficial Owner of HEREIU 100 Realty Corp. Entity Holds Lease on Union Headquarters					
11 Here Int'l Welfare & Pension Funds					
14 Coltin, Baddish & Shapiro CPA's, P.C.					
24 A) Union is contingently liable on \$75,000 Letter of Credit RE: HEREIU 100 Realty Corp. B) See Memo Attached					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)					
76. SIGNED:  3126103 (212) 541-4226 Date Telephone Number		PRESIDENT (If other title, see instructions.)		77. SIGNED:  3126103 (212) 541-4226 Date Telephone Number	
		TREASURER (If other title, see instructions.)			

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | ✓ | |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | ✓ | |
| 12. Have a political action committee (PAC) fund? | | ✓ |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | ✓ |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | ✓ | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | ✓ | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | ✓ | |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | ✓ | |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 4 3 3 9
19. What is the date of your organization's next regular election of officers? MO YEAR
05 2003
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 200000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 39.50/34.50/15 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 50
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per month (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No
✓
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ✓
24. Did your organization have any contingent liabilities at the end of the reporting period? ✓

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 515-249

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash		323 308	509 886
	26. Accounts Receivable			
	27. Loans Receivable	1	430 21	29 559
	28. U.S. Treasury Securities			
	29. Investments	2		
	30. Fixed Assets	5	780 0	579 2
	31. Other Assets	3		
	32. TOTAL ASSETS		374 129	545 237
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			
	33. Accounts Payable			
	34. Loans Payable	8		
	35. Mortgages Payable			
	36. Other Liabilities	4		
	37. TOTAL LIABILITIES			
38. NET ASSETS (Item 32 less Item 37)		374 129	545 237	

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 515-249

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		2488053	56. To Officers	9	14705
40. Per Capita Tax			57. To Employees	10	678552
41. Fees			58. Per Capita Tax		724670
42. Fines			59. Fees, Fines, Assessments, etc.		
43. Assessments			60. Office & Administrative Expense	13	333824
44. Work Permits			61. Educational & Publicity Expense ...		7493
45. Sale of Supplies			62. Professional Fees		182318
46. Interest		10653	63. Benefits	11	210690
47. Dividends			64. Contributions, Gifts & Grants	12	8354
48. Rents			65. Supplies for Resale		
49. Sale of Investments & Fixed Assets	6		66. Direct Taxes		87645
50. Loans Obtained	8		67. Withholding Taxes		227356
51. Repayments of Loans Made	1	19387	68. Purchase of Investments & Fixed Assets	7	
52. On Behalf of Affiliates for Transmittal to Them			69. Loans Made	1	5925
53. From Members for Disbursement on Their Behalf			70. Repayment of Loans Obtained	8	
54. Other Receipts	14	232139	71. To Affiliates of Funds Collected on Their Behalf		
			72. On Behalf of Individual Members...		
			73. Other Disbursements	15	82122
55. TOTAL RECEIPTS		2750232	74. TOTAL DISBURSEMENTS		2563654

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 515-249

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>H. Rivera (Employee)</u> Purpose: <u>barnishment</u> Security: <u>N/A</u> Terms of Repayment: <u>P/e Reduction</u>	0	5390	5390		0
2. Name: <u>100 Realty Corp.</u> Purpose: <u>Working capital</u> Security: <u>None</u> Terms of Repayment: <u>None</u>	43021	535	13997		29559
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	43021	5925	19387		29559
Enter the Totals from Line 6 in _____	↑ Item 27 Column (A)	↑ Item 69	↑ Item 51	↑ Item 75 with Explanation	↑ Item 27 Column (B)

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 515-249

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 5 1 5 - 2 4 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	151390	145598	5792	5792
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	151390	145598	5792	5792
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
		7. Less Reinvestments		
		8. Net Sales		0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 5 1 6 - 2 4 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
<div></div>	7. Less Reinvestments		
	8. Net Purchases		0
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					0
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 515-249

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. TAMARIN First Name: HENRY Title: PRESIDENT Status: P		0	0	0	0	0
Last Name: 2. GRANFIELD First Name: BILL Title: SECTY-TREASURER Status: P		0	0	368	0	368
Last Name: 3. GRANFIELD First Name: BILL Title: PRESIDENT Status: C		0	0	343	0	343
Last Name: 4. MALDONADO First Name: JOSE Title: SECTY-TREASURER Status: C		13037	0	957	0	13994
Last Name: 5. First Name: Title: Status:						
Last Name: 6. First Name: Title: Status:						
Last Name: 7. First Name: Title: Status:						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		13037	0	1668	0	14705
10. Less Deductions						
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 14705		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 515-249

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. ALTIDOR Position ORGANIZER Name of Affiliated Organization	RAOUL	15 365		913		1 6278
2. AYALA Position RECEPTIONIST Name of Affiliated Organization	THERESA	21 347				21 347
3. DE LA ROSA Position ORGANIZER Name of Affiliated Organization	MIGUEL	36 236		569		36 805
4. DEHAND Position LEAD ORGANIZER Name of Affiliated Organization	ROBERT	46 457		522		46 979
5. DIAZ Position ORGANIZER Name of Affiliated Organization	DENNIS	42 028		2311		44 339
6. Totals from additional pages (if any)		650,022	650	37921		688593
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		49875		1692		51567
8. Totals of Lines 1 through 7		861330	650	43928		905908
				9. Less Deductions		227356
Enter the Total from Line 10 in.....				10. Net Disbursements		678552

SCHEDULE 11 — BENEFITS

FILE NUMBER: **615-249**

Description (A)	To Whom Paid (B)	Amount (C)
1. RETIREMENT	Former Union Members	3763
2. Health & Welfare	HEREIU Welfare Fund	125313
3. Pension Contributions	HEREIU Pension Fund	79782
4. Strike Benefits	Union Members	1400
5. Total from additional pages (if any) COBRA		432
6. Total of Lines 1 through 5		210690
Enter the Total from Line 6		↑ Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. INT'L Responder Fund	250
2. NY Pac Fund	354
3. Jobs with Justice	650
4. Villaraigosa For Mayor	1000
5. United Parents	100
6. Cathedral St. John Devine	500
7. HERE NY Assistance Fund	5000
8. NYC Central Labor Council	500
9. Total from additional pages (if any)	
10. Total of Lines 1 through 7	8354
Enter the Total from Line 8 in ↑ Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Rent & Utilities	171342
2. Telephone	41062
3. Printing, Postage & Office	57699
4. Insurance	15458
5. Dues & Subscriptions	891
6. Equipment Leases & Maint.	21824
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	25548
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. INT'L Union Subsidy	159646
2. INT'L Union Re-Educ. Fund	24000
3. Intern Reimb-Salary	4500
4. Donations -Metropolitan Opera	544
5. Donations- HERE Relief Proj	32213
6. Settlement -IL Monello	5661
7. Convention Reimb	1500
8. Reimbursed Expenses	1140
9. Refunds	20
10. Burial Benefits	250
11. Cell Phone Reimbursements	2665
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	232139
Enter the Total from Line 17 in Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. Buttons, Pins & Supplies	5289
2. Meeting Expense	3908
3. Flowers & Memorials	3883
4. Convention Expense	39101
5. Hotels & Carriers	540
6. Travel	3148
7. Newspaper Expense	750
8. Research	190
9. Translation	390
10. Parades & Rally	4590
11. Staff Retreat	1000
12. Booklets	3696
13. Refunds - Dues	5056
14. Loss of Time	2828
15. NG checks	242
16. Total from additional pages (if any)	7511
17. Total of Lines 1 through 16	82122
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME: HERE LOCAL UN 100

ENDING DATE OF PERIOD COVERED: Dec. 31, 2001

FILE NUMBER: 515-249

PAGE 1 OF ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>FREID</div> <div>CLIFF</div> <div>ORGANIZER</div> <div></div> </div>		4369.1		959.5		5328.6
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>GALAN</div> <div>JUAN</div> <div>ORGANIZER</div> <div></div> </div>		3427.7				3427.7
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>BONZALES</div> <div>ULISES</div> <div>OFFICE CLERICAL</div> <div></div> </div>		3235.9		23.7		3259.6
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>HALDONADO</div> <div>JOSE</div> <div>LEAD ORGANIZER</div> <div></div> </div>		3229.9	50	380.3		3615.2
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <div>MEDINA</div> <div>DELIA</div> <div>OFFICE CLERICAL</div> <div></div> </div>		2092.5				2092.5
Totals		16355.1	50	1363.5		17723.6

ORGANIZATION NAME: HELE LOCAL UNION 100

ENDING DATE OF PERIOD COVERED: Dec. 31, 2001

FILE NUMBER: 515-249

PAGE 2 OF ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name MONTERROSA	First Name ARHANDO	23147		491		23638
Position ORGANIZER						
Name of Affiliated Organization						
Last Name MYHRE	First Name MARY	31752				31752
Position CLERICAL						
Name of Affiliated Organization						
Last Name PALACIOS	First Name ARSENIA	30004		234		30238
Position EXECUTIVE SECTY						
Name of Affiliated Organization						
Last Name PALACIOS	First Name GILBERT	34944		7495		42439
Position ORGANIZER						
Name of Affiliated Organization						
Last Name REA	First Name AMANDA	33468		1179		34647
Position RESEARCH						
Name of Affiliated Organization						
Totals		153315		9399		162714

ORGANIZATION NAME: HERE LOCAL UNION 100

ENDING DATE OF PERIOD COVERED: Dec. 31, 2001

FILE NUMBER: 515-249

PAGE 3 OF ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name <u>RIMMELAN</u>	First Name <u>MARGE</u>	<u>62600</u>		<u>1666</u>		<u>64266</u>
Position <u>OFFICE MANAGER</u>						
Name of Affiliated Organization						
Last Name <u>RIVERA</u>	First Name <u>HERBERT</u>	<u>32729</u>				<u>32729</u>
Position <u>MAINTENANCE</u>						
Name of Affiliated Organization						
Last Name <u>SEWELL</u>	First Name <u>JAHIN</u>	<u>46614</u>		<u>2104</u>		<u>48718</u>
Position <u>IN-HOUSE COUNSEL</u>						
Name of Affiliated Organization						
Last Name <u>SOSA</u>	First Name <u>FERNANDO</u>	<u>11020</u>	<u>600</u>	<u>697</u>		<u>12317</u>
Position <u>ORGANIZER</u>						
Name of Affiliated Organization						
Last Name <u>SOSA-BAEZ</u>	First Name <u>LURENA</u>	<u>10831</u>				<u>10831</u>
Position <u>ORGANIZER</u>						
Name of Affiliated Organization						
Totals		<u>163794</u>	<u>600</u>	<u>4467</u>		<u>168861</u>

ORGANIZATION NAME: HEAL LOCAL UNION 100

ENDING DATE OF PERIOD COVERED: Dec. 31, 2001

FILE NUMBER: 515-249

PAGE 4 OF ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>STEPHENS</div> <div>Position</div> <div>CLERICAL</div> <div>First Name</div> <div>ERICA</div> <div>Name of Affiliated Organization</div> </div>	25813				25813
<div> <div>Last Name</div> <div>TAPIA</div> <div>Position</div> <div>ORGANIZER</div> <div>First Name</div> <div>LAURA</div> <div>Name of Affiliated Organization</div> </div>	29745		2803		32548
<div> <div>Last Name</div> <div>TRAVIS</div> <div>Position</div> <div>RESEARCH</div> <div>First Name</div> <div>MICHELLE</div> <div>Name of Affiliated Organization</div> </div>	42330		1413		43743
<div> <div>Last Name</div> <div>WARD</div> <div>Position</div> <div>ORGANIZER</div> <div>First Name</div> <div>DAHLIA</div> <div>Name of Affiliated Organization</div> </div>	34277		1946		36223
<div> <div>Last Name</div> <div>WILLIAMSON</div> <div>Position</div> <div>ORGANIZER</div> <div>First Name</div> <div>SAMUEL</div> <div>Name of Affiliated Organization</div> </div>	11800		2939		14739
Totals	143965		9101		153066

ORGANIZATION NAME: HERE LOCAL UNION 100

ENDING DATE OF PERIOD COVERED: Dec. 31, 2001

FILE NUMBER: 515-249

PAGE 5 OF ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name WUCHINICH	First Name ROSSLYN	25397		1319		26716
Position ORGANIZER						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Last Name	First Name					
Position						
Name of Affiliated Organization						
Totals		25397		1319		26716

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	ALLOWANCES (E)	Disbursements for Official (F) Less	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
Totals					

Approved by	Initials	Date
Prepared by		

HOTEL EMPLOYEES, RESTAURANT EMPLOYEES OF AFL-CIO
 LOCAL UNION #100

2001-2002
 (FIVE YEAR - 5 YRS)

1	2	3	4	5	6	7
SCHEDULE 13 LINE 7						
OFFICE & ADMINISTRATIVE EXPENSE						
EXTENSIVE						
SECURITY & PROTECTED						
TEMPORARY HELP						
COMPUTER SOFTWARE						
TRAVEL & LODGING						
PAIDROLL SERVICE						
REPAIRS & MAINTENANCE						
LICENSE & PERMITS						
BANK CHARGES						
FINES & PENALTIES						
INTERIM COSTS						
SALES TAX EXPENSE						
TOTAL						
SCHEDULE 14 LINE 16						
OTHER DISBURSEMENTS						
SEATTLE EMPLOYEES - THE MORGAN						
PAINT EXPENSE						
TRANSPORTATION - LEASING W/A						
TEMPORARY HOUSING						
TOTAL						